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PTO/SB/21 (08-00)

Approved for use through 10/31/02. OMB 0651-0031

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TRANSMITTAL FORM

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	Application Number	09/590,796
	Filing Date	June 8, 2000
	First Inventor	Gorden Vreugdenhil
	Confirmation No.	9846
	Group Art Unit	2123
	Examiner Name	Sharon I. Ayal
Total Number Of Pages In This Submission	23	Attorney Docket No.

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached -- Credit Card Payment Form (1 pg)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply (19 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Power of Attorney, Revocation of Previous Powers; And Statement Under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application (2 pages)		
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Omkar K. Suryadevara (Reg. No. 36,320) Silicon Valley Patent Group LLP 2350 Mission College Boulevard, Suite 360 Santa Clara, California 95054
Signature	
Date	May 27, 2004

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Modified PTO/SB/17 (09-00)
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FEET TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 110.00)

Complete if Known	
Application Number	09/590,796
Filing Date	June 8, 2000
First Named Inventor	Gorden Vreugdenhil
Group Art Unit	2123
Examiner Name	Sharon I. Ayal
Attorney Docket No	AVA034 US

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METHOD OF PAYMENT					FEE CALCULATION (continued)						
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any underpayment and credit any overpayments to:</p> <p>Deposit Account Number 50-2263</p> <p>Deposit Account Name Silicon Valley Patent Group LLP</p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>					<p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>						
FEE CALCULATION											
1. BASIC FILING FEE											
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee		1051	130	2051	65	Surcharge - late filing fee or oath	
1002	340	2002	170	Design filing fee		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1003	530	2003	265	Plant filing fee		1053	130	1053	130	Non-English specification	
1004	770	2004	385	Reissue filing fee		1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1005	160	2005	80	Provisional filing fee		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
SUBTOTAL (1) (\$0.00)					Technology Center 2100	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
2. EXTRA CLAIM FEES										Fee Paid	
Total Claims	- **	Extra Claims	Fee from below	Fee Paid		1251	110	2251	55	Extension for reply within first month	110
Independent Claims	- **		x 86	= \$		1252	420	2252	210	Extension for reply within second month	
Multiple Dependent	0		140	= \$0		1253	950	2253	475	Extension for reply within third month	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description		1254	1,480	2254	740	Extension for reply within fourth month	
1202	18	2202	9	Claims in excess of 20		1255	2,010	2255	1005	Extension for reply within fifth month	
1201	88	2201	43	Independent claims in excess of 3		1401	330	2401	165	Notice of Appeal	
1203	290	2203	145	Multiple dependent claims, if not paid		1402	330	2402	165	Filing a brief in support of an appeal	
1204	88	2204	43	**Reissue Independent claims over original patent		1403	290	2403	145	Request for oral hearing	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (2) (\$ 0.00)						1452	110	2452	55	Petition to revive - unavoidable	
** or number previously paid, if greater; For reissues, see above.						1453	1,300	2453	650	Petition to revive - unintentional	
*Reduced by Basic Filing Fee Paid						1501	1,330	2501	665	Utility issue fee (or reissue)	
SUBTOTAL (3) (\$ 110.00)						1502	480	2502	240	Design issue fee	
Other fee (specify) 						1503	640	2503	320	Plant issue fee	

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Omkar K. Suryadevara	Registration No. (Attorney/Agent)	36,320	Telephone (408) 982-8200 ext. 3
Signature				Date May 27, 2004